



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

SUNDEEP LAL MD
3100 TIMMONS LANE #250
HOUSTON TX 77027

Respondent Name

CHURCH MUTUAL INSURANCE CO

Carrier's Austin Representative Box

Number 17

MFDR Tracking Number

M4-13-0417-01

MFDR Date Received

October 9, 2012

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "...In my review of this claim, I find that none of the Nerv [sic] conduction studies were reimbursed for. Pelase [sic] note the CPT code 95900 and 95903 were billed together as that the physician was looking for radiculopathy, therefore are billable [sic] charges..."

Amount in Dispute: \$1047.49*

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "...Corvel, Respondent's medical bill review company, found that several codes billed by Requestor for the EMG/NCV were 'unbundled' from other billed charges. The CPT code 95903 and 95904 are bundled/inclusive to CPT code 95861, and CPT code 95900 is bundled/inclusive to CPT code 95903. Thus, these three codes do not allow for separate reimbursement. Additionally, CPT code A4556 is not paid separately from the procedure unless it is billed by a DME supplier. In conclusion, Respondent has paid the [sic] for the services that were billed appropriately."

Response Submitted by: Downs♦Stanford PC

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
April 21, 2012	95900, 95904*, A4556	\$1047.49 *	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

* The Table of Disputed Services indicates the amount in dispute as \$1,597.33; however, the correct amount is \$1,047.49. Also, the Table of Disputed Services indicates CPT code 95904 with a billed amount of \$607.05 in dispute; however, a review of the CMS-1500 indicates that CPT code 95903 was billed for \$607.05.

Background

1. 28 Texas Administrative Code §133.307 amended to be effective May 31, 2012, 37 Texas Register 3833,

applicable to medical fee dispute resolution requests filed on or after June 1, 2012, sets out the procedures for resolving a medical fee dispute.

2. 28 Texas Administrative Code §134.203 sets forth the medical fee guideline for professional services.
3. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanations of benefits (EOB)

- 97 – charge included in another charge or service
- R84 – CCI; most extensive procedures
- R89 – CCI; misuse of column 2 with column 1 code
- 193 – original payment decision maintained
- B15 – procedure/service is not paid separately
- RG4 – service is incidental per Medicare guidelines

Issues

1. Is the requestor entitled to separate reimbursement for the disputed codes?

Findings

1. 28 Texas Administrative Code §134.203(b) states, “For coding, billing, reporting, and reimbursement of professional medical services, Texas workers’ compensation system participants shall apply the following: (1) Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers; bonus payments for health professional shortage areas (HPSAs) and physician scarcity areas (PSAs); and other payment policies in effect on the date a service is provided with any additions or exceptions in the rules.

Procedure code 95900 was denied with reason code “R84 - CCI; most extensive procedures” and “97 – charge included in another charge or service.” Procedure codes 95903 and 95904 were denied with reason codes “R89 - CCI; misuse of column 2 with column 1 code” and “97 – charge included in another charge or service.” Review of the CCI public files, along with the medical bill provided by the requestor finds that procedure codes 95900, 95903, and 95904 are component procedures of 95861 billed on the same day. The use of an appropriate modifier may be allowed. A review of the submitted bill does not support that a modifier was appended to procedure codes 95900, 95903, or 95904. For that reason, separate reimbursement is not recommended for procedure codes 95900, 95903, or 95904.

HCPCS code A4556 was denied with reason code “B15 - procedure/service is not paid separately” and “RG4 - service is incidental per Medicare guidelines”. Per Medicare policy, HCPCS code A4556 is a bundled code. For that reason, separate reimbursement is not recommended for HCPCS code A4556.

Conclusion

For the reasons stated above, the Division finds that the requestor has failed to establish that reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the services involved in this dispute.

Authorized Signature

Signature

Medical Fee Dispute Resolution

March , 2013
Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, 37 *Texas Register* 3833, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.